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Bib Data Sheet

CONFIRMATION NO. 1390

<b>SERIAL NUMBER</b> 09/595,494	<b>FILING DATE</b> 06/15/2000 <b>RULE</b>	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2644	<b>ATTORNEY DOCKET NO.</b> 13700	
<b>APPLICANTS</b> Hisayoshi Usui, Saitama, JAPAN; <b>** CONTINUING DATA *****</b> NONE <b>** FOREIGN APPLICATIONS *****</b> JAPAN 176170/1999 06/23/1999 WFB 10/16/03 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 08/17/2000					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>WFB</i> Acknowledged <i>WFB</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 23389					
<b>TITLE</b> Digital portable telephone set					
<b>FILING FEE RECEIVED</b> 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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<b>SERIAL NUMBER</b> 09/595,494	<b>FILING DATE</b> 06/15/2000 <b>RULE</b> -	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2748	<b>ATTORNEY DOCKET NO.</b> 13700						
<b>APPLICANTS</b> Hisayoshi Usui, Saitama, JAPAN;  <b>** CONTINUING DATA *****</b> NONE  <b>** FOREIGN APPLICATIONS *****</b> JAPAN 176170/1999 06/23/1999  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 08/17/2000 -										
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<b>ADDRESS</b>  Paul J Esatto Jr Scully Scott Murphy & Presser 400 Garden City Plaza Garden City ,NY 11530										
<b>TITLE</b> Digital portable telephone set										
<b>FILING FEE RECEIVED</b> 846	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1" style="float: right; width: 250px;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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